

CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM).

I. (a) PLAINTIFFS**UNITED STATES OF AMERICA**

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF _____
(EXCEPT IN U.S. PLAINTIFF CASES)

DEFENDANTS**EMPIRE AMBULANCE, L.L.C.**

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT _____

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)
, AUSA
United States Attorney's Office
970 Broad St., Room 701
Newark, New Jersey 07102
(973)645-2920

ATTORNEYS (IF KNOWN)

II. BASIS OF JURISDICTION (PLACE "X" IN ONE BOX ONLY)

- | | |
|---|--|
| <input checked="" type="checkbox"/> 1 U.S. Government Plaintiff | <input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party) |
| <input type="checkbox"/> 2 U.S. Government Defendant | <input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in item III) |

III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN "X" IN ONE BOX FOR DIVERSITY CASES ONLY)

- | | | | | |
|---|----------------------------|--|----------------------------|----------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 Incorporated or Principal Place of Business in Another State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. CAUSE OF ACTION

(CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY.)

28 U.S.C. § 1345 - United States as Plaintiff

V. NATURE OF SUIT

(PLACE AN "X" IN ONE BOX ONLY)

CONTRACT	TORTS	FORFEITURE/ PENALTY	BANKRUPTCY	OTHER STATUSES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment at Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input checked="" type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	PERSONAL INJURY <input type="checkbox"/> 362 Personal Injury Med. Malpractice <input type="checkbox"/> 365 Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Prod. Liab.	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure at Property 21 U.S.C. 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 U.S.C. 158 <input type="checkbox"/> 423 Withdrawal 28 U.S.C. 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITION	<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 861 HIA (1395ft) <input type="checkbox"/> 862 Black Lung(923) <input type="checkbox"/> 863 DIWC/DIW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))
VI. ORIGIN <input checked="" type="checkbox"/> 1 Original Proceeding	<input type="checkbox"/> 2 Removed from State Court	<input type="checkbox"/> 3 Remanded from Appellate Court	<input type="checkbox"/> 4 Reinstated or Reopened	FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS - Third Party 26 U.S.C. 7609

VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION

 UNDER F.R.C.P. 23**DEMAND \$**

CHECK YES only if demanded in complaint:

JURY DEMAND: YES NO**VII. RELATED CASE(S) (See instructions:
IF ANY)**

DATE

SIGNATURE OF ATTORNEY OF RECORD

Jordan M. Anger, Assistant United States Attorney

Craig Carpenito
United States Attorney
Jordan M. Anger
Assistant U.S. Attorney
970 Broad Street, Room 700
Newark, NJ 07102
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UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

UNITED STATES OF AMERICA, : **HON.**
Plaintiff, : *Civil Action No.*
v. : **COMPLAINT**
EMPIRE AMBULANCE, L.L.C. , :
Defendant. :

CRAIG CARPENITO, United States Attorney for the District of New Jersey, on behalf of plaintiff, United States of America, for its Complaint against defendant, Empire Ambulance, L.L.C., says that:

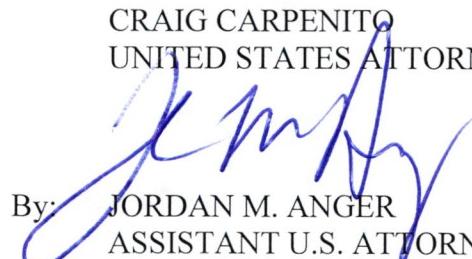
1. This is a civil action brought on behalf of the United States of America and this Court has jurisdiction under the provisions of 28 U.S.C. Section 1345.
2. The defendant resides in Pine Brook, within the state and district of New Jersey.
3. Defendant owes plaintiff the principal sum of \$1,770,354.65, plus interest, as more fully set forth on the Certificate of Indebtedness attached hereto as Exhibit "A".
4. Due demand has been made for payment.

THEREFORE, plaintiff demands judgment against defendant as follows:

- a. In the amount of \$2,546,486.46 (1,770,354.65 principal and \$776,131.81 interest accrued through July 19, 2019);
- b. Interest to accrue at the rate of 10.500% per annum from July 19, 2019 to date of judgment;
- c. Interest from the date of judgment at the legal rate in effect on the date of judgment until paid in full;
- d. Costs of suit; and
- e. For such other relief as this Court may deem just.

CRAIG CARPENITO
UNITED STATES ATTORNEY

By: JORDAN M. ANGER
ASSISTANT U.S. ATTORNEY





DEPARTMENT OF THE TREASURY
BUREAU OF THE FISCAL SERVICE
WASHINGTON, DC 20227

ACTING ON BEHALF OF
U.S. Department of Health and Human Services,
Centers for Medicare and Medicaid Services
CERTIFICATE OF INDEBTEDNESS

Debtor Name(s) and
Address(es):

Empire Ambulance, L.L.C.
325 Changebridge Road
Pinebrook, NJ 07058

Total debt due United States as of July 19, 2019:
Principal: \$1,770,354.65
Interest (@10.5%): \$ 776,131.81
TOTAL: \$2,546,486.46

The claim arose in connection with the debtor's March 2015 failure to repay a Medicare benefits overpayments to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), for medical equipment and/or services rendered to Medicare beneficiaries between January 2012 and July 2013, which were incorrectly reimbursed by CMS, pursuant to standards established by 42 U.S.C. 405.

CERTIFICATION: Pursuant to 28 USC ss. 1746, I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Date: 7/19/2019

A handwritten signature in blue ink, appearing to read "Regina Crisafulli".

Regina Crisafulli
Financial Program Specialist
U.S. Department of the Treasury
Bureau of the Fiscal Service